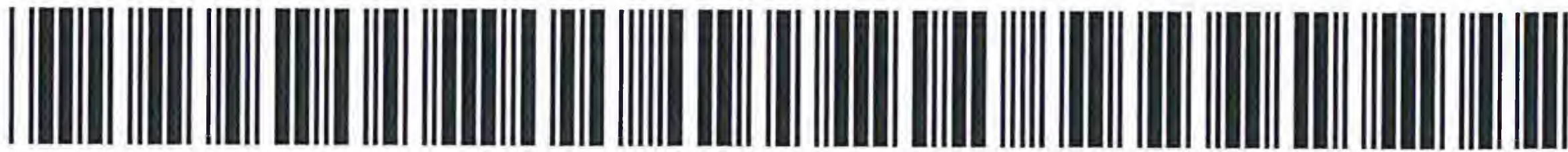


Emergency Management Assistance Compact (EMAC)  
Interstate Mutual Aid Request For Assistance  
Form REQ-A, 2011



1102-REQA-5377-0-1

SECTION I TO BE COMPLETED BY THE REQUESTING STATE

|                           |  |                         |              |
|---------------------------|--|-------------------------|--------------|
| Exercise or Event:        | Event  | New or Amendment #:     | New          |
| Event                     | Dakota Access Pipeline (DAPL) Protest October 2016 |                         |              |
| Date                      | 11/04/2016   | Requesting State        | ND           |
| State Mission Tracking #: | 16-073-216   | EM Software Tracking #: | 16-073-216   |
| Requesting Agency:        | North Dakota                                       | EMAC Tracking #:        | 1102-RR-5377 |

Requesting State REQ-A Contact

|             |                   |            |              |
|-------------|-------------------|------------|--------------|
| First Name: | Geneva            | Last Name: | Anderson     |
| Phone 1:    | 701-328-8253      | Phone 2:   | 701-328-8100 |
| Email 1:    | geanderson@nd.gov | Email 2:   | nddes@nd.gov |

Resource Request

|                       |   |             |                 |
|-----------------------|---|-------------|-----------------|
| Mission Type/Source:  | State   | Type/Status | Law Enforcement |
| Mission Description:  | 4 Lafourche (Louisiana) Sworn Law Enforcement Officers (7 to 10 days)   |             |                 |
| Resource Description: | <p>Officers will be assisting in a situation involving civil unrest and criminal activities related to opposition of the Dakota Access Pipeline (DAPL) project, primarily in southern Morton County in North Dakota.</p> <p>Officers will be assigned to perform one of the following duties within the Quick Response Force (QRF).</p> <ul style="list-style-type: none"><li>Mobile Field Force (MFF)</li><li>Immediate Action Team (IAT)</li><li>Recon Team</li><li>Arrest Team</li><li>Transport Team</li><li>Patrol within Morton County</li><li>Traffic Control</li></ul> <p>Requesting Agency will reimburse wages, to include overtime, for officers deployed to North Dakota but not back-fill at home station.</p> <p>Desired deployment is 7 to 10 days on site with 2 travel days for a total of 9 to 12 days</p> <p>Additional Skills and Equipment (if available):</p> |             |                 |

|             |   |         |           |
|-------------|---|---------|-----------|
|             | 1.) Riot Control Equipment (helmet/baton/shield/gas mask/MFF uniform if issued one.)<br>2.) Winter weather clothing if issued. (weather in North Dakota is very unpredictable this time of year).<br>3.) 40/37mm chemical munitions launcher if officer is a certified operator.<br>4.) Vehicle (If available)<br>a. A 4 x 4 marked vehicle is preferred, but not required.<br>b. 1 vehicle for every 2 deputies/officers.<br>5.) Preferable, but not required, officers be mobile field force trained (i.e. riot control, civil disturbance) and deploy as a team. |         |           |
| NIMS Type:  |   |         |           |
| # Requested | 4   | # Type: | Personnel |

Deployment Dates (Including Travel Days)

|                  |           |                      |            |
|------------------|-----------|----------------------|------------|
| Deployment Date: | 11/6/2016 | Demobilization Date: | 11/12/2016 |
| Duty Length      | 7         |                      |            |

Deployment Details

|                            |  |          |  |
|----------------------------|--|----------|--|
| Work Location / Facilities | Field Impacted Area  |          |  |
| Location / Facility Name   |  |          |  |
| Address 1                  |  |          |  |
| Address 2                  |  |          |  |
| City                       |  | Zip Code |  |
| Working Conditions         | Normal - Infrastructure & Support services operational   |          |  |
| Comments:                  | Officers may experience extended periods of exertion, and should be physically fit and prepared to operate in an outdoor environment with unpredictable weather. |          |  |
| Living Conditions          | Normal - All amenities available   |          |  |
| Comments:                  | Lodging will be arranged   |          |  |
| Logistics Comments:        | Lodging will be arranged for and provided for deputies/officers. Meals are provided while on duty, per diem authorized for other meals.                          |          |  |

Identify Health & Safety Concerns (All Selected Apply)

|                           |   |
|---------------------------|---|
|                           | No Safety or Health Concerns have been Identified     |
|                           | Immunizations or Vaccinations are suggested to deploy |
| X                         | Environmental Hazards Exist                           |
| X                         | Personal Protection Equipment Needed                  |
| Safety Concerns / Remarks | Civil disobedience situation                          |

Requesting State Resource Coordination Contact

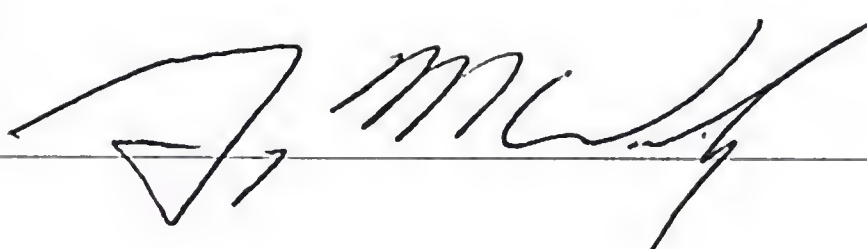
|            |              |           |                                 |
|------------|--------------|-----------|---------------------------------|
| First Name | Brandon      | Last Name | Hoechst                         |
| Title      | Logistics    | Agency    | North Dakota Emergency Services |
| Phone 1    | 701-328-8174 | Mobile    | 701-595-6670                    |

|         |                 |         |              |
|---------|-----------------|---------|--------------|
| Email 1 | bhoechst@nd.gov | Email 2 | nddes@nd.gov |
|---------|-----------------|---------|--------------|

### Staging Area and Point of Contact

|                        |              |           |              |
|------------------------|--------------|-----------|--------------|
| POC First Name         | Jason        | Last Name | Ziegler      |
| Phone 1                | 701-667-3441 | Phone 2   | 701-391-1753 |
| Location/Facility Name |              |           |              |
| Address 1              |              |           |              |
| Address 2              |              |           |              |
| City                   |              | Zip Code  |              |

The EMAC Authorized Signature below certifies that information contained herein accurately represents to the best of their knowledge, the resource request at this time

|   |  |      |         |
|---|--|------|---------|
| Name of EMAC Authorized Representative      | GREG M. WILZ, DIRECTOR   |      |         |
| Signature of EMAC Authorized Representative |  | Date | 11/4/16 |

**Emergency Management Assistance Compact (EMAC)  
Interstate Mutual Aid Request For Assistance  
Form REQ-A, 2011**



1102-REQA-5377-0-2

**SECTION II TO BE COMPLETED BY THE ASSISTING STATE**

|                   |                                  |                |          |
|-------------------|----------------------------------|----------------|----------|
| Assisting State:  | LA                               | State TN #:    | 1116-045 |
| Assisting Agency: | Lafourche Parish Sheriffs Office | State EM TN #: |          |

**Offer Description**

|                      |   |                   |                 |
|----------------------|---|-------------------|-----------------|
| Mission Start Date:  | 11/5/2016   | Arrival Date:     | 11/6/2016       |
| Departure Date:      | 11/12/2016  | Mission End Date: | 11/13/2016      |
| # Mission Days:      | 9   |                   |                 |
| Mission Type         | State   | Type / Status     | Law Enforcement |
| Mission Description  | 4 Lafourche (Louisiana) Sworn Law Enforcement Officers (7 to 10 days)                                       |                   |                 |
| Resource Description | Four (4) Lafourche Parish Sheriff Deputies - Two supervisors and two deputies. Equipment - Two Patrol units |                   |                 |
| NIMS Type:           | Select One:   |                   |                 |
| # Requested:         | 4   | # Type:           | Personnel       |

**In-State Resource Point of Contact**

|             |                         |           |         |
|-------------|-------------------------|-----------|---------|
| First Name: | Jeremy                  | Last Name | Granier |
| Phone 1:    | 985-532-4323            | Phone 2:  |         |
| Email 1:    | jeremy-granier@lpso.net | Email 2:  |         |

**Assisting State REQ-A Contact**

|             |                           |           |              |
|-------------|---------------------------|-----------|--------------|
| First Name: | Victoria                  | Last Name | Carpenter    |
| Phone 1:    | 225-572-9498              | Phone 2:  | 225-925-7517 |
| Email 1:    | victoria.carpenter@la.gov | Email 2:  |              |

**Total Mission Estimated Costs**

|                  |             |
|------------------|-------------|
| Travel:          | \$9,313.32  |
| Personnel:       | \$11,168.80 |
| Equipment:       | \$4,740.00  |
| Commodities:     | \$0.00      |
| Other:           | \$0.00      |
| EST. TOTAL COST: | \$25,222.12 |

**Travel**


|                         |            |                         |        |                          |            |
|-------------------------|------------|-------------------------|--------|--------------------------|------------|
| Personal Vehicle Costs: | \$3,433.32 | Rental Vehicle Costs:   | \$0.00 | Gvt. Vehicle Costs:      | \$0.00     |
| Air Travel Costs:       | \$0.00     | Meals & Tips (Receipt): | \$0.00 | Meals & Tips (Per Diem): | \$2,240.00 |

|   |            |               |        |                            |        |
|---|------------|---------------|--------|----------------------------|--------|
|   |            |               |        |                            |        |
| Lodging:                                  | \$3,640.00 | Parking Fees: | \$0.00 | Shipment & Transportation: | \$0.00 |
| Identify any transportation requirements: |            |               |        |                            |        |

### Personnel Assigned to Mission

|        |   |
|--------|---|
| Total: | 4 |
|--------|---|

The EMAC Authorized Signature below certifies that information contained herein accurately represents to the best of their knowledge, the resource request at this time

|   |   |      |            |
|---|---|------|------------|
| Name of EMAC Authorized Representative      | James B. Waskom   |      |            |
| Signature of EMAC Authorized Representative |  | Date | 11/04/2016 |

### Personnel Costs

| ID | Name / Phone / Email | Reg. Salary Hourly Rate | Fringe Benefit Hourly Rate | Reg. Hours Worked Per Day | OT Salary Hourly Rate | OT Fringe Benefit Hourly Rate | OT Hours Worked Per Day | # Days | Total Daily Cost | Total Mission Cost |
|----|----------------------|-------------------------|----------------------------|---------------------------|-----------------------|-------------------------------|-------------------------|--------|------------------|--------------------|
|    |                      | \$15.71                 | \$0.00                     | 8.00                      | \$28.55               | \$0.00                        | 4.00                    | 10     | \$239.88         | \$2,398.80         |
|    |                      | \$18.61                 | \$0.00                     | 8.00                      | \$36.58               | \$0.00                        | 4.00                    | 10     | \$295.20         | \$2,952.00         |
|    |                      | \$22.93                 | \$0.00                     | 8.00                      | \$40.46               | \$0.00                        | 4.00                    | 10     | \$345.28         | \$3,452.80         |
|    |                      | \$15.43                 | \$0.00                     | 8.00                      | \$28.27               | \$0.00                        | 4.00                    | 10     | \$236.52         | \$2,365.20         |

### Commodity Costs

| ID | Commodity Description | Cost Per Item | Quantity | Total Costs |
|----|-----------------------|---------------|----------|-------------|
|----|-----------------------|---------------|----------|-------------|

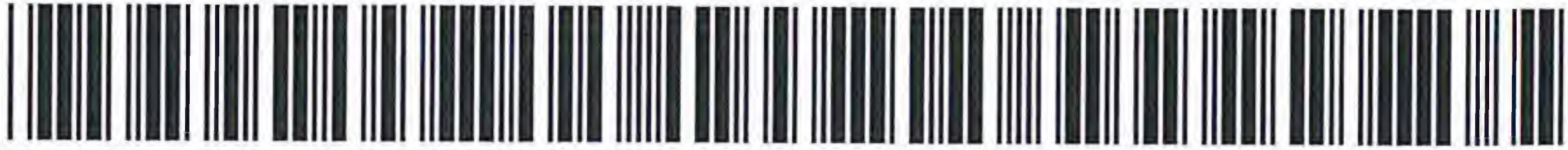
### Equipment Costs

| ID    | Equipment Description   | Cost Per Item | Qty | Rate Per Day | Qty | # Days Used | Total Cost |
|-------|---|---------------|-----|--------------|-----|-------------|------------|
| 11082 | Automobile, Police FEMA code 8073 (\$19.75 hr estimate 12 hr day) | \$0.00        | 0   | \$237.00     | 2   | 10          | \$4,740.00 |

### Other Costs

| ID | Other Description | Cost Per Item | Qty | Rate Per Day | Qty | # Days Used | Total Cost |
|----|-------------------|---------------|-----|--------------|-----|-------------|------------|
|----|-------------------|---------------|-----|--------------|-----|-------------|------------|

Emergency Management Assistance Compact (EMAC)  
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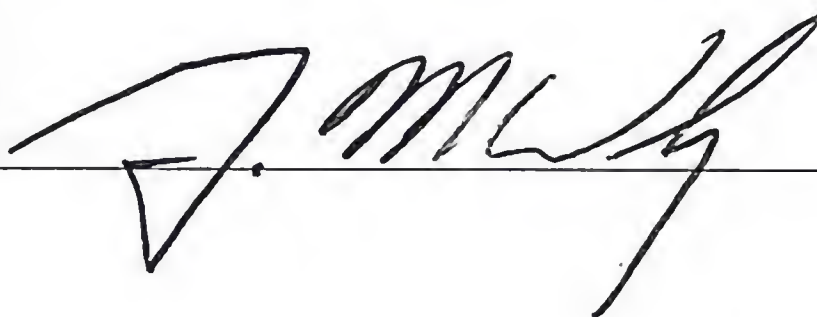


1102-REQA-5377-0-3

SECTION III TO BE COMPLETED BY THE REQUESTING STATE

|                        |   |                             |          |
|------------------------|---|-----------------------------|----------|
| Date                   | 11/04/2016  |                             |          |
| Event                  | Dakota Access Pipeline (DAPL) Protest October 2016                    |                             |          |
| Mission Description:   | 4 Lafourche (Louisiana) Sworn Law Enforcement Officers (7 to 10 days) |                             |          |
| Req. State Tracking #: | 16-073-216  | Assisting State Tracking #: | 1116-045 |

The EMAC Authorized Signature below certifies that information contained herein accurately represents to the best of their knowledge, the resource request at this time

|   |  |      |         |
|---|--|------|---------|
| Name of EMAC Authorized Representative      | Greg Wilz  |      |         |
| Signature of EMAC Authorized Representative |  | Date | 11/4/16 |